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COVER LETTER

Division of Corporations
SUBJECT: HNS FLORTOA Building LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clic Feichtholer, ESE.
Burnet Adant; FEICHTholat Sonchoz
17/4 Cge Cool Phuy E
Cape Cord FC 33904
Cric Opa Cord of Toma (Ora E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \\ Certified Copy \\ (additional copy is enclosed) \\ Certified Copy \\ (additional copy is enclosed)
Malling Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
* This is Sololy To add a commo To the nome

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(A Florid	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number (/ 9 00 0 287 \frac{7}{/}	Company were filed on November 19, 70 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here: Soilding CC (add compined Liability Company the designation "LLC" or the abbreviation "L.L.C."	ومرا
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SE0	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	SEC 719 DEC 19 DEC 19 PM	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid2	
New Registered Agent's Signature, if changing Register	City Zip Code	
.vew registered Agent's Signature, it changing Register	rea Agent.	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Remove
			□Change
<u>.</u>			□Add
			□Remove
			Change
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			□Remove
			🗀 Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach ad	ditional sheets, if necessary.)
	me Chage
70 000 a Commo	
	<u></u>
	
F. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0207 (3 kh filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a record is filed.	.m. on the earlier of: (b) The 90th day after the
Dated DECOMES 17 2019	
En Deutch	<u>ES9</u>
Signature of a member or authorized represent	ESG.
Typed or printed name of sign	ee

Filing Fee: \$25.00